

Virginia Department for the Blind and Vision Impaired Application for Vocational Rehabilitation Services

Applicant's Name _____

Social Security Number: _____

- I am applying to the Virginia Department for the Blind and Vision Impaired (DBVI) in order to receive vocational rehabilitation services related to my vision loss.
- I have received an explanation of services provided by the DBVI.
- I have been informed that interpreter/translator services are available for individuals for whom English is not the primary language.
- According to §46.2-221 of the *Code of Virginia*, the DBVI must report each year to the Department of Motor Vehicles (DMV) the names of all legally blind or visually handicapped persons known to DBVI. This information shall be used by DMV solely for the purpose of determining qualifications of these persons for licensure under §46.2-311 and §46.2-312 to operate motor vehicles. Section 46.2-221 of the *Code of Virginia* also authorizes DBVI to notify appropriate law enforcement of any person reported to DMV that continues to operate a motor vehicle.
- My rights and responsibilities as an applicant have been explained, and I have received a copy of this form.
- My signature on this line certifies that I understand the above information as explained to me.
- I understand that when I apply for services, DBVI will verify whether I receive SSI or SSDI through a matching program with the Social Security Administration. I also understand that DBVI will periodically verify my receipt of SSI or SSD benefits during the time my case is open.

Applicant's Signature: **X** _____ Date: _____

(Representative, if applicable)

Representative's address: _____

Representative's Phone No: _____

Representative's E-Mail: _____

Witness - if signed by mark: _____ Date _____

RIGHTS OF APPLICANTS

Anyone presently in Virginia may apply for services.

You have the right to equal treatment regardless of age, race, color, creed, sex, national origin, or disability.

Vocational Rehabilitation and Independent Living consumers who have concerns regarding services can contact the **Client Assistance Program (CAP) at 1-800-552-3962 (Voice/TDD)**. CAP is a federally funded independent program to assist applicants/consumers with service concerns in both programs.

In compliance with the *Code of Virginia* §2.1-377-386, Privacy Protection Act, the Agency shall not release information about you without your written consent except for purposes directly connected with DBVI service programs.

These rights are based on federal and state laws, but there are certain exceptions. If you have any questions or want to see the information in your record, you may request this information through the DBVI regional manager in your area.

APPEAL INSTRUCTIONS

If you are not satisfied with the Agency's decision on your eligibility for services, you may appeal and ask for a conference or hearing. You may appeal to the Agency:

1. **Call or write to the regional office where you applied.**
2. **Call toll free 1-800-622-2155 (Voice/TDD).**
3. **Write to Deputy Commissioner for Services of DBVI (obtain address from the regional office manager).**

If you feel discriminated against, you may file a complaint with the office listed below **WITHIN 180 DAYS** of the alleged discriminatory act:

**Region III Office of Civil Rights
United States Department of Education
3535 Market Street, Room 6300
Philadelphia, PA 19104-3326**

RESPONSIBILITIES OF APPLICANTS

You must give complete information in order to determine your eligibility for services. Certain Vocational Rehabilitation and Independent Living services are based on financial need. To be eligible for these services, you must provide financial information. If your financial situation changes, you must notify DBVI **WITHIN 10 DAYS**.

**APPLICATION FOR SERVICES
INSTRUCTIONS FOR BOTH VR AND GENERAL (Rev. 09/03)**

Use: To be completed when an individual is making application to the agency for services.

Applicant's Name: Enter the full legal name of the applicant (no nicknames).

Social Security Number: Enter the applicant's Social Security number.

Procedures:

- The intake worker/designee will read and explain, in person or over the telephone/TDD, each section of this form to the applicant.
- If the applicant does not have a telephone, or it is not feasible to explain the form over the telephone, the Intake worker/designee will send a letter to the applicant, along with two (2) copies of the application, requesting him/her to telephone or write the Intake worker/designee if the applicant would like a verbal explanation of the Application for Services form.
- If a face-to-face explanation is requested the intake worker/designee will arrange this with the applicant.
- Instruct applicant to sign both copies of the application, on the first signature block, return one copy and keep one copy.
- Explain availability of interpreter/translator services for individuals for whom English is not a primary language (i.e., individuals who are deafblind).
- Explain *Code of Virginia* provision relating to Department of Motor Vehicles.
- Explain rights and responsibilities of applicant.
- Explain the appeal instruction to applicant.

Applicant's Signature: Instruct the applicant to sign and date the first block indicating his/her rights and responsibilities were explained and that he/she received a copy of the application form. If applicant is under 18 years of age, the parent or legal representative must sign and date the application.

Representative: Individual who has legal authority to sign for the applicant. Must also enter date signed.

Witness: Individual who witnessed applicant's mark. Must also enter date signed. DBVI staff **cannot** be the witness.